

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91032 015 \*\*\*\*61.25

**DOCUMENT # 745713**  
 1. Entity Name  
**HARBOURWOOD HOMEOWNERS ASSOCIATION OF HALLANDALE, INC.**



Principal Place of Business: **C/O CASTLE MGMT. P.O. BOX 189013 PLANTATION FL 33318 US**  
 Mailing Address: **C/O CASTLE MGMT. P.O. BOX 189013 PLANTATION FL 33318 US**

**94082336**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 4. FEI Number: **59-2014439** Applied For:  Not Applicable:

Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**CASTLE MGMT., INC.**  
**4450 WEST SUNRISE BOULEVARD**  
**SUITE C-100**  
**FORT LAUDERDALE FL 33313**

**7. Name and Address of New Registered Agent**  
 Name: **HUMAN KAPLAN**  
 Street Address: **MUSEUM TOWER - 27th Fl.**  
**150 W. FLAGLER**  
 City: **MIAMI** FL Zip Code: **33130**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Gary Marx* **Gary Marx** 4/27/04  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE: <b>VD</b>	<input type="checkbox"/> Delete
NAME: <b>DONENEBERG, GERALD</b>	
STREET ADDRESS: <b>413 LESLIE DR</b>	
CITY-ST-ZIP: <b>HALLANDALE FL</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>MCELROY, MARSHA</b>	
STREET ADDRESS: <b>2631 PARKVIEW DR</b>	
CITY-ST-ZIP: <b>HALLANDALE FL</b>	
TITLE: <b>TD</b>	<input type="checkbox"/> Delete
NAME: <b>BALSAMELLO, MARJORIE</b>	
STREET ADDRESS: <b>607 LESLIE DR.</b>	
CITY-ST-ZIP: <b>HALLANDALE FL</b>	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>LOTMAN, ALLEN</b>	
STREET ADDRESS: <b>355 LESLIE DRIVE</b>	
CITY-ST-ZIP: <b>HALLANDALE FL</b>	
TITLE: <b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>GROB, ARLENE</b>	
STREET ADDRESS: <b>603 LESLIE DR</b>	
CITY-ST-ZIP: <b>HALLANDALE FL</b>	
TITLE: <b>DS</b>	<input type="checkbox"/> Delete
NAME: <b>VENTURA, PAMELA</b>	
STREET ADDRESS: <b>2719 PARKVIEW DR</b>	
CITY-ST-ZIP: <b>HALLANDALE FL</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>LAURA STERLING</b>	
STREET ADDRESS: <b>2733 PARKVIEW DR.</b>	
CITY-ST-ZIP: <b>E. HALLANDALE BCH, FL 33009</b>	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamela Ventura* **Pamela Ventura** President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_